

8/18/09 9:17:19 ^{SS}
DK W BK 614 PG 653 ^{me}
DESOTO COUNTY, MS
W-E. DAVIS, CH CLERK

Indexing Instructions: See below

Prepared by:
McFall Law Firm
Post Office Box 269
Southaven, Mississippi 38671
662-349-7780

X Return to:
First Nati. Financial Title
6880 Cobblestone #2
Southaven, Mississippi 38672
662-892-6536

STATE OF MISSISSIPPI
COUNTY OF DESOTO
THIRD JUDICIAL DISTRICT

WARRANTY DEED

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, we

THE CONSERVATORSHIP OF BOBBIE BISHOP DUKE, GRANTOR(S)
1620 Colonial Hills Drive
Southaven, Mississippi 38671

Phone: 662-393-7817 Work: N/A

do hereby sell, convey, and warrant unto

GREGORY A. HURST, GRANTEE(S),
35 E. Commerce Street
Hernando, MS 38632
Phone: 907-227-3004 Work: N/A

all their rights title and interest in the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

A part of Lot 45, as shown by the original plat of the Town of Hernando on file in the Office of the Chancery Clerk of DeSoto County, Mississippi, situated in Section 18, Township 3 South, Range 7 West, more particularly described as being Unit #2, 321 Holly Springs Street Condominiums, as described in Master Deed of Record in Deed Book 186, Page 353, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which Master Deed reference is hereby made for a more particular description of said property together with the undivided interest in the common elements declared in said Master Deed to be appurtenant to said unit, said unit in this conveyance

is subject to the terms and conditions of said Master Deed and the by-laws of record attached thereto are made a part hereof.

Being the same property as conveyed to Grantor(s) of record in Deed Book 319, Page 369, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, John Gilbert Duke passed way on June 22, 2007, as evidenced by the attached Certificate of Death attached hereto and made a part of this instrument.

This conveyance is per the terms and conditions has set forth in the action of record as Cause No. 07-08-1570 of record in the Chancery Court of DeSoto County, Mississippi.

This conveyance is subject to all easements, roadways, servitudes, restrictive covenants and oil, gas and other mineral reservations, exceptions, conveyances and leases of record or obvious on reasonable inspection of the subject property.

Current year property taxes have been prorated between the Grantor(s) and Grantee(s) and are to be paid on the due date by the Grantee(s).

WITNESS OUR SIGNATURE(S) this the 14th day of August, 2009.

The Conservatorship of Bobbie Bishop Duke

By: Jack Bishop, Conservator
Jack Bishop, Conservator

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named **JACK BISHOP**, who acknowledged that he is the **CONSERVATOR** of **THE CONSERVATORSHIP OF BOBBIE BISHOP DUKE**, and that in said representative capacity he executed the above and foregoing instrument, after first having been duly authorized by said conservatorship to do so.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 14th DAY OF AUGUST, 2009.

My Commission Expires:


NOTARY PUBLIC



STATE OF MISSISSIPPI

DK W BK 614 PG 655

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE
NUMBER

12307-0143261

TYPE OR PRINT
WITH BLACK INKFILING
DATE JUL 18 2007

DECEASED

1. NAME First Middle Last 2. SEX 3a. HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year)

JOHN GILBERT DUKE MALE 3:57P m. JUNE 22, 2007

4. RACE (Specify White, Black, American Indian, etc.) 5a. AGE AT LAST BIRTHDAY 5b. MOSE 5c. DAYS 5d. HOURS 5e. MINS 6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH

WHITE 78 Years JULY 16, 1928 DESOTO

If death occurred in
an institution, see
HANDBOOK, regarding
completion of
RESIDENCE items

7b. CITY OR TOWN OF DEATH 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA 8. STATE OF BIRTH

SOUTHAVEN BAPTIST HOSPITAL-DESOTO 17B INPT TN

9. DECEDENT'S EDUCATION (Specify only highest grade completed) 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. SURVIVING SPOUSE (If wife, give maiden name) 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)

Element/High School, College (12) 12 (14) 4 MARRIED BOBBIE BISHOP YES

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) 14. SOCIAL SECURITY NUMBER 15a. USUAL OCCUPATION (Kind of work done, most of working life) 15b. KIND OF BUSINESS OR INDUSTRY

AMERICAN 409-34-3060 U.S. ARMY MILITARY U.S. GOV.

For RESIDENCE items,
enter actual location
of home, institution,
or other address,
including apartment

15c. RESIDENCE-STATE 15d. COUNTY 15e. CITY OR TOWN 15f. INSIDE CITY LIMITS (Specify Yes or No) 15g. STREET AND NUMBER OR RURAL LOCATION

MISSISSIPPI DESOTO HERNANDO YES 35 EAST COMMERCE

PARENTS

17. FATHER'S NAME First Middle Last 18. MOTHER'S NAME First Middle Maiden

JOHN I. DUKE CELIA WILLIS

INFORMANT

19a. INFORMANT-NAME (Type or print) 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

RICHARD DUKE P.O. BOX 488 PASO ROBLES, CA 93447

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) 20b. CEMETERY, CREMATORY-NAME 20c. LOCATION (City and State) 21a. EMBALMER-SIGNATURE AND NUMBER

BURIAL FOREST HILL SOUTH MEMPHIS, TN WILLIAM S. JOYNER III 4341TN

21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

FOREST HILL SOUTH 920TN 2545 EAST HOLMES ROAD MEMPHIS, TN 38118

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) 22b. PRONOUNCED DEAD (Month, Day, Year) 22c. PRONOUNCED DEAD (Hour)

JACINTO HERNANDEZ, MD ON JUNE 22, 2007 AT 3:57P m.

CERTIFIER

23a. CERTIFIER-NAME (Type or print) 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

JEFFERY POUNDERS, CMET 4942 POUNDERS RD, NESBIT, MS 38651

Mississippi State
Board of Health
Form No. 811
Revised 1-1-88

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER

SIGNATURE [Signature] MD DESOTO COUNTY CMET

24d. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or print) 24e. DATE SIGNED (Month, Day, Year)

JULY 03, 2007

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter only cause only): 25a. METABOLIC SEPTIC ENCEPHALOPATHY

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

(b) CEREBRAL ISCHEMIA

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

(c) HYPERTENSION, ASCD

Conditions, if any,
which gave rise to
immediate cause
being the
underlying
cause lastInterval between onset
and deathInterval between onset
and deathInterval between onset
and deathHad Decedent
been Pregnant
Within 90 Days
Prior to Death?☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I 27. AUTOPSY (Yes or No) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

NO YES

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY (m.) 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29a. INJURY AT WORK (Yes or No) 29b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29c. LOCATION Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Long MD

Brian W. Long MD, MHA, MPH
STATE HEALTH OFFICER

JUL 19 2007

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING:

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